

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	1	7-28-95
EXAMINER	r11	8-10-95
TYPIST	318	8/11
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

4/20

INDEX OF CLAIMS

Claim	Date
Original	
1	1/1
2	1/2
3	1/3
4	1/4
5	1/5
6	
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Cancelled
*	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Original	
51	1/1
52	1/2
53	1/3
54	1/4
55	1/5
56	1/6
57	1/7
58	1/8
59	1/9
60	1/10
61	1/11
62	1/12
63	1/13
64	1/14
65	1/15
66	1/16
67	1/17
68	1/18
69	1/19
70	1/20
71	1/21
72	1/22
73	1/23
74	1/24
75	1/25
76	1/26
77	1/27
78	1/28
79	1/29
80	1/30
81	1/31
82	2/1
83	2/2
84	2/3
85	2/4
86	2/5
87	2/6
88	2/7
89	2/8
90	2/9
91	2/10
92	2/11
93	2/12
94	2/13
95	2/14
96	2/15
97	2/16
98	2/17
99	2/18
100	2/19

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